Image# 28932400325 07/\$97/2008 12:42

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

To be osed by Fersons (other than Fontical Committees) including Qualified Nonprofit C	
1. (a) Name of Individual, Organization or Corporation	
NARAL Pro-Choice America	
(b) Address (number and street)	
(c) City, State and ZIP Code	
	3. FEC Identification Number
	C C90004185
2. Corporate filers only Is the filer a qualified nonprofit corporation? X Yes No	9 90000 1109
Individual filers only Name of Employer	Occupation
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	Notice
☐ July 15 Quarterly Report	
☐ October Quarterly Report	
☐ January 31 Year-End Report	
(b) Is this Report an amendment? Yes \(\square\) No \(\overline{X} \)	
5. COVERING PERIOD: FROM 07 / 030 / Y Y Y Y Y Y	
THROUGH	
M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
C. TOTAL CONTRIBUTIONS	0.00
6. TOTAL CONTRIBUTIONS	0.00
7. TOTAL INDEPENDENT EXPENDITURES	10818.12
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or i request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if t reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
John Botts	07/30/2008
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to	to the penalties of 2 U.S.C 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

PAGE	2 / 6	

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee	Date
Adams, Hussey & Associates	M M / D D / Y Y Y
Mailing Address	0 7 / B B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1600 Wilson Blvd.	Amount
Suite 300 City State Zip Code	422.60
Arlington VA 22209	
Durnoon of Evnanditure	Office Sought: House State: DC
Direct Mail Production Category/ Type	State: DO
	Presidential Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: John McCain	
Calendar Year-To-Date Per Election	Disbursement For: X Primary General
for Office Sought 198750.40	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Adams, Hussey & Associates	
Mailing Address	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 1600 Wilson Blvd.	Amount
Suite 300	517.44
City State Zip Code Arlington VA 22209	
	055-10-10-10-10-10-10-10-10-10-10-10-10-10-
Purpose of Expenditure Direct Mail Production Category/ Type	Office Sought: House State: DC
1,500	Presidential Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: John McCain	President
JOHN MCCAIN	Check One: Support X Oppose
Calendar Year-To-Date Per Election	Disbursement For: X Primary General
for Office Sought 198750.40	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	
Adams, Hussey & Associates	Date
·	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 1600 Wilson Blvd.	Amount
Suite 300	728.08
City State Zip Code	
Arlington VA 22209	
Purpose of Expenditure Direct Mail Production Category/ Type	Office Sought: House State: DC
1,742	Presidential Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	X President District:
John McCain	Check One: Support X Oppose
Calendar Year-To-Date Per Election	Disbursement For: X Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1668.12
(a) SODI OTAL OF Itemized independent Experioration	
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

NAME OF FILER (In Full)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	3/6	
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FOR LINE 7 FOR FORM 5

NARAL Pro-Choice America		
Full Name (Last, First, Middle Initial) of Payee		Date
NARAL Pro-Choice America		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1156 15th Street, NW, Suite 700		0,7 3.0 2.008 Amount
City State	Zip Code	1250.00
Washington DC	20005	
Purpose of Expenditure List Rental	Category/ Type	Office Sought: House State: DC Presidential Senate Senate District 00
Name of Federal Candidate Supported or Opposed by Expend John McCain	diture:	Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	198750.40	Disbursement For: X Primary General 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
NARAL Pro-Choice America		
Mailing Address		0.7 30 2008
1156 15th Street, NW, Suite 700		Amount
City State Washington DC	Zip Code 20005	1250.00
Purpose of Expenditure		Office Sought: House Charles OR
List Rental	Category/ Type	Office Sought: House State: OR Senate X Senate
Name of Federal Candidate Supported or Opposed by Expend	· ·	President District: 00
Gordon Smith		Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	3088.59	Disbursement For: 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
NARAL Pro-Choice America		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1156 15th Street, NW, Suite 700		0 7 3 0 2 0 0 8 Amount
City State	Zip Code	1250.00
Washington DC	20005	
Purpose of Expenditure List Rental	Category/ Type	Office Sought: X House State: AZ House Senate
Name of Federal Candidate Supported or Opposed by Expend		President District: 04
John Shadegg		Check One: Support X Oppose
Calendar Year-To-Date Per Election		Disbursement For: X Primary General
for Office Sought	1525.00	2008 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		3750.00
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4/6

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee				Date
NARAL Pro-Choice America				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1156 15th Street, NW, Suite 700				0 7 3 0 2 0 0 8 Amount
City	State	Zip Code		1250.00
Washington	DC	20005		
Purpose of Expenditure		Category/		Office Sought: House State: DC
List Rental Name of Federal Candidate Supported or Opposed by	Evnondituro:	Туре		Presidential Senate District: 00
Barack Obama	Experialiture.			Check One: X Support Oppose
Calendar Year-To-Date Per Election				Disbursement For: X Primary General
for Office Sought	• • • •	198750.	40	2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee				Date
NARAL Pro-Choice America				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1156 15th Street, NW, Suite 700				Amount
City	State	Zip Code		1250.00
Washington	DC	20005		
Purpose of Expenditure		Category/		Office Sought: House State: OR
List Rental		Туре		Sanata X Sanata
Name of Federal Candidate Supported or Opposed by	Expenditure:			President District: 00
Jeff Merkley				Check One: X Support Oppose
Calendar Year-To-Date Per Election				Disbursement For: Primary X General 2008
for Office Sought		3088.	59	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			<u> </u>	Date
NARAL Pro-Choice America				
Mailing Address				07 30 2008
1156 15th Street, NW, Suite 700				Amount
City	State	Zip Code		1250.00
Washington	DC	20005		
Purpose of Expenditure List Rental		Category/		Office Sought: X House State: AZ
	F a alit a	Туре		House Senate District: 03
Name of Federal Candidate Supported or Opposed by Bob Lord	Expenditure:			Check One: X Support Oppose
Calendar Year-To-Date Per Election				Disbursement For: X Primary General
for Office Sought		1525.	00	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				3750.00
(b) SUBTOTALof Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)				
,p.sg				

Image# 28932400329 PAGE 5/6 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) NARAL Pro-Choice America Full Name (Last, First, Middle Initial) of Payee Date M+R Strategic Services 3 D 2008 Mailing Address 2120 L Street, NW Amount 6th Floor 275.00 State Zip Code DC 20037 Washington Purpose of Expenditure Office Sought: House State: DC Category/ Email Dev. (7/30 Email) Type Presidential Senate District: 00 Χ President Name of Federal Candidate Supported or Opposed by Expenditure: John McCain Check One: Support X Oppose X Primary Disbursement For: General Calendar Year-To-Date Per Election 2008 198750.40 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date M+R Strategic Services М 7 2008 Mailing Address Amount 2120 L Street, NW 6th Floor 275.00 City State Zip Code Washington DC 20037 Purpose of Expenditure Office Sought: χ House State: AZ Category/ Email Dev. (7/30 Email) Type House Senate District: 04 President Name of Federal Candidate Supported or Opposed by Expenditure: John Shadega Check One: Support X Oppose Disbursement For: X Primary General Calendar Year-To-Date Per Election 2008 1525.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date M+R Strategic Services Мо 7 2008 Mailing Address Amount 2120 L Street, NW 6th Floor 275.00 Zip Code State City DC 20037 Washington Purpose of Expenditure Office Sought: State: OR Category/ House Email Dev. (7/30 Email) Type Χ Senate Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure:

Primary General Calendar Year-To-Date Per Election 2008 3088.59 for Office Sought Other (specify) 825.00 (a) SUBTOTAL of Itemized Independent Expenditures ...

Check One:

Disbursement For:

(b) SUBTOTALof Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)

Support

X Oppose

Gordon Smith

SCHEDULE 5-E

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ITEMIZED INDEPENDENT EXPENDITURES FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) NARAL Pro-Choice America Full Name (Last, First, Middle Initial) of Payee Date M+R Strategic Services 3 D 2008 Mailing Address 2120 L Street, NW Amount 6th Floor 275.00 State Zip Code City DC 20037 Washington Purpose of Expenditure Office Sought: House State: DC Category/ Email Dev. (7/30 Email) Type Presidential Senate District: 00 Χ President Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama Check One: Support Oppose X Primary Disbursement For: General Calendar Year-To-Date Per Election 2008 198750.40 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date M+R Strategic Services М 7 2008 Mailing Address 2120 L Street, NW Amount 6th Floor 275.00 City State Zip Code Washington DC 20037 Purpose of Expenditure Office Sought: χ House State: AZ Category/ Email Dev. (7/30 Email) Type House Senate District: 03 President Name of Federal Candidate Supported or Opposed by Expenditure: Bob Lord Support Check One: Oppose Disbursement For: X Primary General Calendar Year-To-Date Per Election 2008 1525.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date M+R Strategic Services Мо 7 2008 Mailing Address Amount 2120 L Street, NW 6th Floor 275.00 State Zip Code City DC 20037 Washington Purpose of Expenditure Office Sought: State: OR Category/ House Email Dev. (7/30 Email) Type Χ Senate Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Merkley Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2008 3088.59 for Office Sought Other (specify) 825.00 (a) SUBTOTAL of Itemized Independent Expenditures ... (b) SUBTOTALof Unitemized Independent Expenditures..... 10818.12 (c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)